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Effective on 12/02/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

<i>Complete if Known</i>	
Application Number	10/579,396-Conf. #6579
Filing Date	May 15, 2006
First Named Inventor	Thomas GROTE
Examiner Name	Not Yet Assigned
Art Unit	1614
Attorney Docket No.	5000-0172PUS1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch, LLP	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	Small Entity Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100
	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 12 =	x	=	=			

HP = highest number of total claims paid for. If greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- =	x	=	=			

HP = highest number of independent claims paid for. If greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(g)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	150	(round up to a whole number) x	=	=

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge), 1253 Extension for response within third month

1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Andrew D. Moehle	Date	April 27, 2007